

**Blooming Glen Farm**  
Internship Application

*Please fill out and return the following application after reading the online "Guide for Blooming Glen Farm Interns".*

Name: \_\_\_\_\_ Age: \_\_\_\_\_ M / F (circle one)  
Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
E-mail: \_\_\_\_\_

Best time to be reached:

\_\_\_\_\_

How did you hear about us?

\_\_\_\_\_

The internship program begins April 1<sup>st</sup> and ends November 15<sup>th</sup>.

Will you be able to commit to this time frame?

YES / NO (circle one). If NO, please explain.

\_\_\_\_\_

*\*\*Please note that an on-farm visit and interview is required in order to be considered for the internship. Based on your application we will determine whether to schedule an interview. If you know you will be in our area this winter, please let us know when you are available for a visit.*

\_\_\_\_\_

What made you want to farm?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Why in Bucks County, Pennsylvania?

\_\_\_\_\_

\_\_\_\_\_

Why do you want to intern at Blooming Glen Farm?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your goals in becoming a farm intern?

---

---

---

---

---

Knowing there are many aspects to being a farmer, all of which will be part of your experience, which interest you the most?

---

---

---

Which interest you the least?

---

---

---

What are some of the challenges you anticipate?

---

---

---

What do you feel you can offer to the farm and your fellow co-workers?

---

---

---

---

---

What is one quality about you that others may find difficult to work/live with?

---

---

---

Provide a list of the schools you have attended, include degrees and/or major areas of study or training. Provide a list of your work experience (agricultural or non-agricultural), both paid and volunteer. (Attach a resume, please).

What experience do you have with physical labor, and if none, how do you think you will handle it?

---

---

Describe any other skills you have learned. (I.e. Carpentry, equipment operation, computers, ability to work and live with others, etc)

---

---

---

---

---

Please comment on the following and add any other considerations that are important to you:

Smoker / Non Smoker (circle one) \_\_\_\_\_

Diet (vegetarian/other) \_\_\_\_\_

Will you have your own transportation? \_\_\_\_\_

Do you have any allergies? YES / NO If YES, what?

Other Considerations:

---

Anything else people should know about living with you?

---

---

REFERENCES:

WORK #1 (Name/Business, Address, Phone, Years of Acquaintance)

---

WORK #2 (Name/Business, Address, Phone, Years of Acquaintance)

---

WORK #3 (Name/Business, Address, Phone, Years of Acquaintance)

---

**Please return to:** Blooming Glen Farm, 98 Moyer Rd, Perkasie Pa, 18944

**Questions?** Call: 215-257-2566 or email: [bloomingglenfarm@verizon.net](mailto:bloomingglenfarm@verizon.net)